

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)							SERIAL NO. 09/720326	FILING DATE			
							APPLICANT				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3							53				
4		1					54				
5		2					55				
6		2					56				
7		2					57				
8		1					58				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		2				TOTAL IND.				
TOTAL DEP.	10		17				TOTAL DEP.			28	
TOTAL CLAIMS	11		19				TOTAL CLAIMS			30	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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U.S. DEPARTMENT OF COMMERCE
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FORM PTO-1280 (REV. 3-73)

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